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New York State Department of Motor Vehicles

# POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/01)

Precinct **013**  
 Accident No. **302**

Complaint Number

☐ AMENDED REPORT

Accident Date: Month **02** Day **14** Year **07** Day of Week **WEN** Military Time **0430** No. of Vehicles **Two (2)** No. Injured **ONE (1)** No. Killed **NONE (0)** Not Investigated at Scene ☐ Left Scene ☐ Police Photos ☐ Yes ☒ No  
 Accident Reconstructed ☐

VEHICLE 1 - Driver License ID Number **877393934** State of Lic. **MA**  
 Driver Name - exactly as printed on license **FROMETA, ADDONNA**  
 Address (Include Number & Street) **215 Pond Street** Apt. No.   
 City or Town **Winchester, MA** State **MA** Zip Code **01890**

VEHICLE 2 - Driver License ID Number **D4028 51965 05572** State of Lic. **N.J.**  
 Driver Name - exactly as printed on license **MARIO E. DIAZ-DIAZ**  
 Address (Include Number & Street) **91 Spring St.** Apt. No.   
 City or Town **PASSAIC, N.J.** State **N.J.** Zip Code **07055**

Date of Birth Month **03** Day **25** Year **68** Sex **F** Unlicensed ☐ No. of Occupants **ONE (1)** Public Property Damaged ☐  
 Name - exactly as printed on registration **FROMETA, ADDONNA** Sex **F** Date of Birth Month **03** Day **25** Year **68**  
 Address (Include Number & Street) **666 E. 23rd** Apt. No. **1A** Haz. Mat. Code  Released ☐

Date of Birth Month **05** Day **22** Year **57** Sex  Unlicensed ☐ No. of Occupants **ONE (1)** Public Property Damaged ☐  
 Name - exactly as printed on registration **ALL AMERICAN HAULERS** Sex  Date of Birth Month  Day  Year   
 Address (Include Number & Street) **65 Liberty St.** Apt. No.  Haz. Mat. Code  Released ☐

Plate Number **DMF4956** State of Reg. **N.Y.** Vehicle Year & Make **2001 Toyota** Vehicle Type **SUBN** Ins. Code **6e16**  
 Ticket/Arrest Number(s) **NONE** Violation Section(s) **NONE**

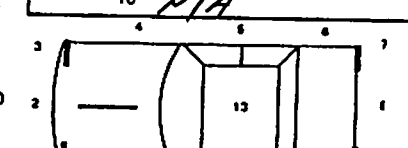
Plate Number **AJ780H** State of Reg. **N.J.** Vehicle Year & Make **2001 MAC** Vehicle Type **TK** Ins. Code **082**  
 Ticket/Arrest Number(s) **NONE** Violation Section(s) **NONE**

Check if involved vehicle is:  
☐ more than 95 inches wide;  
☐ more than 34 feet long;  
☐ operated with an overweight permit;  
☐ operated with an overdimension permit.  
 VEHICLE 1 DAMAGE CODES  
 Box 1 - Point of Impact **1**  
 Box 2 - Most Damage **7**  
 Enter up to three more Damage Codes **8 9 5**  
 Vehicle By **METRO Body Inc.**  
 Towed To **96-14 Northern Blvd. LICHA N.Y. 11268**

Check if involved vehicle is:  
☐ more than 95 inches wide;  
☐ more than 34 feet long;  
☐ operated with an overweight permit;  
☐ operated with an overdimension permit.  
 VEHICLE 2 DAMAGE CODES  
 Box 1 - Point of Impact **1**  
 Box 2 - Most Damage **2**  
 Enter up to three more Damage Codes **3 4 5**  
 Vehicle By **N/A**  
 Towed To **N/A**

Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.  
 Rear End ☐ Left Turn ☒ Right Angle ☐ Right Turn ☐ Head On ☐  
 Overtaking ☐ Left Turn ☐ Right Turn ☐ Sideswipe ☐  
 ACCIDENT DIAGRAM **N.E. Lexington Ave**

VEHICLE DAMAGE CODING:  
 1-13. SEE DIAGRAM ON RIGHT.  
 14. UNDERCARRIAGE 17. DEMOLISHED  
 15. TRAILER 18. NO DAMAGE  
 16. OVERTURNED 19. OTHER



Cost of repairs to any one vehicle will be more than \$1000.  
☐ Unknown/Unable to Determine ☒ Yes ☐ No

Reference Marker Coordinates (if available)  
 Latitude/Northing:  
 Longitude/Easting:

Place Where Accident Occurred: ☐ BRONX ☐ KINGS ☒ NEW YORK ☐ QUEENS ☐ RICHMOND  
 Road on which accident occurred **EAST 23rd** (Route Number or Street Name)  
 at 1) intersecting street **Lexington Ave** (Route Number or Street Name)  
 or 2) **N** **S** **E** **W** of  (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes: **As T/P/O Vch #1+2 were both traveling E/W on 23rd at Lexington Ave. open vch #1 states she was changing lanes to avoid a parked Auto when vch #2 hit her from the Rear. open vch #2 states He saw vch #1 in front of him and tried to stop but his vch shield on icy/snowy Road and hit into Rear of vch #1. P.O. did not observe accident, no witnesses.**

8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
1	1	4	1	F	6	12	6	9448	7258	FROMETA, ADDONNA					
2	1	4	1	M	-	-	-	-	-	MARIO E. DIAZ-DIAZ					

Officer's Rank and Signature **P. D. D. D.** Tax ID No **895905** NCIC No **03030** Precinct **013** Post/Sector **CRU** Reviewing Officer  Date/Time Reviewed **FEB 16 2007**

**PERSONS KILLED OR INJURED IN ACCIDENT** (Letter designation of persons killed or injured must correspond with letter designation on front of report)

A Last Name <u>ADDONNA</u> First <u>FROMETA</u> M.I. <u>ADDONNA</u>		D Last Name _____ First _____	
Address <u>215 7 666 E. 233 RD. ST. BRONX, N.Y. 10644</u>		Address _____	
Date of Birth Month <u>03</u> Day <u>25</u> Year <u>1965</u> Telephone (Area Code) <u>(718)</u> 841-3716		Date of Birth Month _____ Day _____ Year _____ Telephone (Area Code) _____	
B Last Name _____ First _____ M.I. _____		E Last Name _____ First _____ M.I. _____	
Address _____		Address _____	
Date of Birth Month _____ Day _____ Year _____ Telephone (Area Code) _____		Date of Birth Month _____ Day _____ Year _____ Telephone (Area Code) _____	
C Last Name _____ First _____ M.I. _____		Highway Dist. at Scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Address _____		Name: _____	
Date of Birth Month _____ Day _____ Year _____ Telephone (Area Code) _____		Shield No. _____	

**ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.**

Vehicle No. 1 4055-61-49-05 Vehicle No. 2 Binder  
 Expiration Date 04/2007 06/30/07 Expiration Date 08/19/07  
 VIN JT3HN86R510354949 VIN 1M2K195C71M018241

**WITNESS (Attach separate sheet, if necessary)**

Name	Address	Phone
<u>NONE</u>		

**DUPLICATE COPY REQUIRED FOR:**

- ☒ Dept. of Motor Vehicles (if anyone is killed/injured)
 ☐ Motor Transport Division (P.D. vehicle involved)
 ☐ NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)
 ☐ Other City Agency (Specify) \_\_\_\_\_
- ☐ Office of Comptroller (if a City vehicle involved)
 ☒ Personnel Safety Unit (if a P.D. vehicle involved)
 ☐ Highway Unit \_\_\_\_\_

**NOTIFICATIONS:** (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

John M. Miller - notified at Hospital. (718) 841-3716

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

**IF NYPD VEHICLE IS INVOLVED:**

Police Vehicle-Operator's First Name _____ Last Name _____		Rank _____	Shield No. _____	Tax ID. No. _____	Command _____
Make of Vehicle _____	Year _____	Type of Vehicle _____	Plate No. _____	Dept. Vehicle No. _____	Assigned To What Command _____
Equipment in Use At Time of Accident					
<input type="checkbox"/> Siren	<input type="checkbox"/> Horn	<input type="checkbox"/> Turret Light	<input type="checkbox"/> 4-Way Flasher	<input type="checkbox"/> High-Level Warning Lights	<input type="checkbox"/> Traffic Cones
<input type="checkbox"/> Headlights					

**ACTIONS OF POLICE VEHICLE**

- ☐ Responding to Code Signal \_\_\_\_\_
 ☐ Complying with Station House Directive
- ☐ Pursuing Violator
 ☐ Routine Patrol
- ☐ Other (Describe) \_\_\_\_\_

**INCIDENT INFORMATION SLIP**

PD 301-164 (Rev 3-98)-Penl (RMU)

Date: 02/14/07

Welcome to 13 PCT. 230 EAST 21 STREET, NYC, NY 10010 212-477-7416 or 7417  
(Command) (Address) (Telephone No.)

We hope that your business with us was handled satisfactorily. Your particular matter has been assigned the following number(s):

Complaint Report No.: X Accident Report No.: 2302 Aided Report No.: X

Reported to: PO Rindos (Rank) (Name) Date of Occurrence: 02/14/07 Time: 0430

Location of Occurrence: 23<sup>rd</sup> & Lexington Ave (Shield No.)

Crime: Vehicle Accident

Please keep this report should you have to refer to this matter in the future. If you need any further assistance feel free to

contact us at telephone number

Please let us know if you have any suggestions on how we can

better serve you. As you may already know, we will provide you with a crime prevention survey of your residence or business.

Please ask for more information on this and other crime prevention initiatives. Our goal is to make you and your property safe.

**COURTESY — PROFESSIONALISM — RESPECT****REMEMBER: CALL "911" FOR EMERGENCIES ONLY!!!**

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